

Your Acromioclavicular Joint (ACJ) stabilisation surgery

Information for Patients

This leaflet will provide you with general information about the ACJ stabilisation surgery. It will briefly explain the operation procedure and provide guidance on the recovery process, including rehabilitation expectations.

Background Information

The ACJ is a joint between the outer end of the collar bone and the front of the shoulder blade. The ACJ is held in place by many ligaments. These are strong structures that attach bone to bone and help to hold a joint in the correct position. Trauma i.e. falling onto an outstretched arm or a direct blow can cause damage to these ligaments. This can affect the joint stability and cause the outside of the collar bone to stick upwards, which is known as instability of the ACJ.

Stabilisation surgery is performed to help stabilise (put back in to place) the ACJ; especially if there are problems linked with pain and/or limitation of function. You may have previously attempted other treatment options that were not successful, or had a severe acute injury. The aim of the procedure is to secure the ACJ.

The surgery is normally an open procedure. This will involve Mr Dattani making an incision across the top of the shoulder. The collar bone is put back into place. One of the undamaged ligaments is then moved to hold this in place and this is reinforced by passing a sling between the collar bone and a lower part of the shoulder blade.

The repair is particularly vulnerable to stretching between 6 weeks and 3 months and will not regain its maximum strength until 9 months.

Long term benefits of ACJ stabilisation surgery

- Pain relief
- Improved range of movement

- Increased ability to perform functional activities

Recovery may take up to 6–9 months for full benefit. However, you should start to notice the vast majority of recovery within 6-12 weeks.

What should I bring with me for my operation?

You will arrange with Mr Dattani the timings and location of your surgery. If your surgery is scheduled in the morning then you will come in and go home on the same day as long as you have someone to escort you. Your arm is likely to be numb and you will be in a sling after the operation. Bring loose clothing and we would recommend button-up or zip-up tops as you will not be able to lift your arm up in front of you following the procedure. Avoid bottoms with complicated belts or zips as you will be effectively one-handed following the procedure.

Ward Admission

If you have been told that you will need to be admitted to a ward after your surgery then bring limited items when you come into hospital as storage space is limited. Try to avoid bringing large amounts of cash or valuable items.

You should bring the following items:

- Any medicines you take regularly
- Any walking aids you use
- Comfortable, loose clothes – **See above instructions**
- Nightdress/pyjamas
- Flat supportive shoes/slippers with back support – big enough to allow for your foot to swell a little
- Wash bag – soap, toothpaste, deodorant etc.

Consenting to the operation

Before you have your surgery you will be seen by Mr Dattani who will discuss the operation with you. It is important that you understand why you are having surgery and all the risks associated with it. You will be asked to sign a form consenting to the surgery.

Anaesthetic

You will be seen by an anaesthetist before your operation who will discuss different forms of anaesthesia. The operation is usually performed under general anaesthesia (fully asleep) and is supplemented with a nerve block (inter scalene block) this involves an injection of local anaesthetic to numb the nerves that supply the feeling and muscles around the shoulder. It greatly reduces the feeling of pain, and also makes the arm heavy until the block wears off. It reduces the requirement for pain killers after your operation.

What are the risks of having an ACJ stabilisation surgery?

All operations have risks both from the anaesthetic and the procedure itself. However most of these complications are relatively minor and easily treatable, but may mean you need to stay in hospital longer.

Risks	Information
Pain	The procedure involves moving soft tissues and removal of bone, which may be uncomfortable for up to 6 months afterwards.
Bleeding	A small amount of bleeding is inevitable with this operation. Very rarely you may develop significant bruising.
Infection	Sometimes a wound can become infected and show signs of inflammations (i.e. red, hot, itchy). This will require treatment with antibiotics.
Scar	Poor wound healing may lead to thickened scars.
Frozen Shoulder	A general restricted range of movement in the shoulder sometimes occurs. Physiotherapy, injections and sometimes further surgery can help.
Nerve damage	There are a number of important nerves in the tight area around the shoulder. Damage can cause symptoms of muscle weakness or numbness along the arm. This is an extremely rare occurrence.
Ligament stretching or failure	There is usually a small amount of increased prominence of the outer end of the collar bone over the first 8 weeks. The repair could fail if there is a new injury to the shoulder or if lifting is commenced too early.

After the Operation

After the operation you will be taken to one of the recovery rooms and may have several drips attached with nurse supervision. You will be wearing an oxygen mask.

Pain Control

The nerve block will wear off after 24-48 hours and therefore it is important to start taking your prescribed pain killers to control the pain. You should expect some pain and stiffness to continue for 6-12 weeks.

Ice

When you go home you may want to use an icepack on your shoulder to try and reduce your pain and swelling; however you **must not** use an icepack if there is still numbness around your shoulder or you cannot feel any cold sensation. You should not use this for more than 10-15 minutes at a time. It is important that your wound does not get wet so make sure any icepacks you use are well wrapped up, i.e. with a tea towel.

Wound Care and Washing

Your wound must remain dry until it has healed; reducing the risk infection. Your wound should heal within 10-14 days. You may take a shower and use an icepack as long as you keep the wound covered and dry with a waterproof dressing. Avoid the use of spray deodorants and powder near the scar. The nurses will discuss wound care with you prior to your discharge. The wounds are either closed with steristrips or stitches that require removing 10-14 days post operatively. This will happen at your first clinic appointment.

Sling

You will be given a sling to wear for 6 weeks. This must be worn 24 hours a day: Excluding taking the arm out to wash and regularly exercise the arm. After 6 weeks you can wean out of the sling as comfort allows.

How do I get dressed?

It is important to use your arm despite the pain to prevent stiffness, which can be a source of further pain and discomfort. Moving the arm will not damage the shoulder. It is easier to use front button shirts and pull-up trousers with an elastic waistband in the first few weeks. When dressing put the operated arm into sleeves first and when undressing take the un-operated arm out first, followed by the operated arm.

Armpit Hygiene

To wash under your arm lean forward slightly while your arm is out of the sling as if you were doing the elbow straightening exercise. Lean forwards slightly so that your arm hangs slightly away from your body. You should then be able to wash and apply deodorant.

Follow-up appointments

Week two – Mr Dattani

Your home exercise programme will be checked, as will your wound and if needed stitches removed. A physiotherapy referral will be made if appropriate.

Week six – Mr Dattani

The progress of your rehabilitation will be checked and changed if necessary.

Week twelve – Mr Dattani

This is a review to ensure a good recovery has been made and no further treatment is needed.

If all goes well you will not need any further appointments. If your progress is slower than anticipated further appointments will be arranged to ensure your recovery is as good as it can be.

How will I progress and what should I avoid doing?

Day 1 until follow up at 2 weeks

- Sling: wear for 6 weeks only removing it to regularly exercise your arm and shoulder, and to shower. You may wear it in public as required but start weaning down the use gradually after 6 weeks.
- Exercise: start moving your shoulder and arm as pain allows, and complete the below exercises.

You may find that your whole arm becomes slightly swollen and stiff, particularly if you do not move it. To prevent this happening you should do the following exercises 10 times 3-4 times a day from day 1.

Avoid: Any painful movements and exercise within limits of pain



Hand & Wrist Exercises

Keep clenching your hand into a fist and then straightening your fingers
With fingers straight move them wide apart and then back together
Move your wrist round in circles



Elbow Exercises

With operated arm out of the sling, fully straighten and then bend your elbow. Use your other arm to help if necessary.
With you arm bent to 90° turn your forearm so that the palm of your hand faces up and then down.



Neck Exercises

Do not let your neck become stiff. Slowly turn your head from side to side and then tilt it each side.



Shoulder Blade Squeezes

To prevent your shoulders becoming hunched post-op pull your shoulder blades together, hold for 5seconds and then relax.

2-8 weeks

Exercise: You will be given guidance on increasing your range of movement and restoring strength to your arm.

Avoid: Any painful movements and exercise within limits of pain

Lifting your arm above shoulder height

8-12 Weeks

You should be working on restoring full movement to the shoulder

12 weeks onwards

You should be working on restoring;

- Functional movement, strength and stamina in the arm and shoulder
- Ability to perform the majority of function activities
- Gradually returning to strenuous work activities, sporting and recreational activities

When will I be back to normal?

Returning to work

Inform Mr Dattani at your pre-operative clinical appointment if you are intending to return to work. The speed at which you can return to work is entirely dependent on the job you do. For rough guidance we advise:

- 2 weeks off for light/sedentary work; you can return as long as you can work wearing your sling.
- 4-6 months for manual occupations or as guided by your physiotherapist/ Mr Dattani in follow up appointments

Driving

If you normally drive, you can start driving again after 8 weeks dependent on pain levels, range of movement and strength in the arm and shoulder. You should not start driving until you feel you have enough movement in your arm to drive safely and once you have consulted with your insurance company.

Returning to sport

The following are rough guidelines and you should discuss with the physiotherapist at the 6 week follow up before undertaking any sport.

- Non contact sports – 6 months providing adequate strength regained.
- Contact sport - 9 months providing adequate strength regained.